UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 86678NAB Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450 Alexandria, VA. 22313-1450			EV 293537568 US		
Alexandria, VA. 22313-1430			711		
A METHOD AND APPARATUS FOR PRINTING			Date:	14 22,2005	— or a
IMAGES FROM DIGITAL IMAGE DATA					3.13 3.13
First Named Inventor (or Application Identifier):					0/624
Sujatha Ramanujan, et al					213
Enclosed are:  1. X Specification			6. X As	signment of the invention	to
r. A specimeation			ابينسينسية	stman Kodak Company	
2. 25 Sheet(s) of drawin	ıg(s)		7. Ce	rtified copy of a priority	
3. X Information Disclosure Statement Under 37 CFR 8. Associate Power of Attorney 1.97.					
4. Combined Declaration for Patent Application and Power of Attorney:					
4a. New					
4b. X Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. <u>Incorporation by I</u>	eletion of Inventor(s).				
<u>checked</u> ) The entire disclosure which a copy of the oath or dec		Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and			
is considered as being part of the disclosure of the accompanying 1.33(b).					(u)(2) unu
application and is hereby incorporated by reference therein.  10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION  Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to Nelson A. Blish at 585-588-2720.					
The filing fee has been calcula	ted as shown below:				
FOR:	NO. FILED	NO. EXTRA	A RATE	FEE	
BASIC FEE TOTAL CLAIMS	102 - 20 =	82	x 18 =	\$ 750 \$ 1476	
INDEPENDENT CLAIMS	8 - 3 =	5	x 84 =	\$ 420	
MULTIPLE DEPENDEN	IT CLAIM PRESEN	NTED	+ 280	\$0	
			TOTAL	\$ 2646	
X Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 2646					
A duplicate copy of this sheet is enclosed					
The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.					
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\ ) 1 / Lu					
Nelson A. Blish/tmp		orney for Applicants			
Telephone: 585-588-272	0	gistration No. 29,134			
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